

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	1 A	09 / 22 / 2016		BASIL FOOD SERVICE	
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT	PERMIT HOLDER	
Complaint				7:07	10:30	BASIL FOOD INDUSTRIAL SERVICES CORP.	
Investigation				SANITARY PERMIT NO.		LOCATION (Address)	
Other:				16 0000 766		LOT 454-1-2-NEW/239-7-1 WEST O'BRIEN DRIVE, HAGATNA	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
CATERING				8	475-8888	0	4
						No. of Repeat Risk Factor/Intervention Violations	
						0	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="radio"/> IN	OUT	Person in charge present, demonstrates knowledge, and performance duties			6
Employee Health						
2	<input checked="" type="radio"/> IN	OUT	Management awareness; policy present			6
3	<input checked="" type="radio"/> IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="radio"/> IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	<input checked="" type="radio"/> IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
Preventing Contamination by Hands						
6	<input checked="" type="radio"/> IN	<input checked="" type="radio"/> OUT	N/A	N/O	Hands clean and properly washed	6
7	<input checked="" type="radio"/> IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	<input checked="" type="radio"/> IN	OUT			Adequate handwashing facilities supplied & accessible	6
Approved Source						
9	<input checked="" type="radio"/> IN	OUT			Food obtained from approved source	6
10	<input checked="" type="radio"/> IN	OUT	N/A	N/O	Food received at proper temperature	6
11	<input checked="" type="radio"/> IN	OUT			Food in good condition, safe, and unadulterated	6
12	<input checked="" type="radio"/> IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
Protection from Contamination						
13	<input checked="" type="radio"/> IN	OUT	N/A		Food separated and protected	6
14	<input checked="" type="radio"/> IN	OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	<input checked="" type="radio"/> IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="radio"/> IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	<input checked="" type="radio"/> IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	<input checked="" type="radio"/> IN	OUT	N/A	N/O	Proper cooling time and temperature	6
19	<input checked="" type="radio"/> IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	<input checked="" type="radio"/> IN	OUT	N/A		Proper cold holding temperatures	6
21	<input checked="" type="radio"/> IN	OUT	N/A	N/O	Proper date marking and disposition	6
Consumer Advisory						
22	<input checked="" type="radio"/> IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
Highly Susceptible Populations						
23	<input checked="" type="radio"/> IN	OUT	N/A		Pasteurized Foods used; prohibited foods not offered	6
Chemical						
24	<input checked="" type="radio"/> IN	OUT	N/A		Food additives: approved and properly used	6
25	<input checked="" type="radio"/> IN	OUT			Toxic substances properly identified, stored, used	6
Conformance with Approved Procedures						
26	<input checked="" type="radio"/> IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32	<input checked="" type="radio"/> X		Approved thawing methods used	<input checked="" type="radio"/> X		1
33			Thermometer provided and accurate			1
Food Identification						
34			Food properly labeled: original container			1
Prevention of Food Contamination						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
Proper Use of Utensils						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used, test strips			1
46			Nonfood-contact surfaces clean			1
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="radio"/> X		Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting: designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	Date:
Bella Dela Cruz / [Signature]	09-22-16
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES (NO)
EVAN LIM / [Signature]	NA

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

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ESTABLISHMENT NAME BASIL FOOD SERVICE		LOCATION (Address) LOT 1454 1-2-NEN/239-7-1 WEST O'BRIEN DRIVE, HAGATNA
INSPECTION DATE 09 / 23 / 2016	SANITARY PERMIT NO. 160000766	PERMIT HOLDER BASIL FOOD INDUSTRIAL SERVICES CORP.

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
COOKED BEEF, HOT HOLDING	144		
COOKED BELL PEPPER, HOT HOLDING	145		
COOKED CUCUMBER, HOT HOLDING	148		
COOKED MUSHROOM, HOT HOLDING	141		
CHICKEN, COOKED	209		
FISH, COOKED	175		
TOFU, COOKED	156		
RICE, COOKED	173		
CUT TOMATOES, WALK-IN CHILLER	38		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 09/13/2016 WHEN SAID ESTABLISHMENT OBTAINED A GRADE/RATING OF 26/C. PREVIOUS VIOLATIONS OF ITEMS # 13, 21, 26, 43, AND 52 WERE CORRECTED AND THE FOLLOWING VIOLATIONS WERE OBSERVED TODAY:	
6	EMPLOYEE WAS SWITCHING TASKS FROM HANDLING RAW FOOD TO COOKING WITHOUT WASHING HER HANDS; SAME EMPLOYEE EXITED AND RE-ENTERED THE FOOD PREPARATION AREA WITHOUT WASHING HER HANDS. COS: EMPLOYEE WAS IMMEDIATELY REMOVED FROM THE FOOD PREPARATION AREA AND RE-TRAINED ON PROPER HANDWASHING. HANDS SHALL BE PROPERLY WASHED WHEN CHANGING TASKS TO PREVENT CROSS-CONTAMINATION OF FOOD.	COS
32	GROUND BEEF IMPROPERLY THAWED IN THE SINK. TIME/TEMPERATURE CONTROL FOR SAFETY (TCS) FOODS SHALL BE COMPLETELY SUBMERGED UNDER COLD RUNNING WATER TO PREVENT PATHOGEN GROWTH.	COS
52	SOAP DISPENSER FOR HANDWASHING SINK NEAR THE OVEN IS NOT MOUNTED. 10/23/16 HAND WASHING UNITS SHALL BE PROPERLY MAINTAINED.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) Betty De la Cruz	Date:
DEH Inspector (Print and Sign) EVAN LIM	Date: 09/22/2016

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ESTABLISHMENT NAME BASIL FOOD SERVICE		LOCATION (Address) LOT 1434-1-2-NEW/239-7-1 WEST O'BRIEN DR, HIGHTSTOWN
INSPECTION DATE 09, 22, 2016	SANITARY PERMIT NO. 160000766	PERMIT HOLDER BASIL FOOD INDUSTRIAL SERVICES CORP.

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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REMOVED "C" PLACARD NO. 00107.

ISSUED "A" PLACARD NO. 01793.

PICTURES OF VIOLATIONS WERE TAKEN.

DISCUSSED THIS INSPECTION REPORT WITH BETTY DELACRUZ, MANAGER.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date: 09-22-14

Date: 09/22/16

White: DPHSS/DEH Yellow: Food Establishment